

## FIELD WORKER SAFETY INSPECTION

PR-ENF-103 (EST. 3/03)

103-

IS THIS A FOLLOW-UP INSPECTION? ☐ YES ☐ NOCheck one below & list serial # of **original** inspection☐ COMPLETE☐ PARTIAL - Do not count on PRAMR (Report 5)

SERIAL # \_\_\_\_\_

INSPECTING COUNTY \_\_\_\_\_

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER	TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS	PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR	ADJACENT ENVIRONMENT (N) (S)	
PROPERTY LOCATION	(E) (W)	
SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	

## WORKER PROTECTION STANDARD ELEMENTS

Notice of Application within 1/4 Mile <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> NOT INSPECTED	App. Specific Info. (Prop Operator) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> NOT INSPECTED		
Date of Application:	REI Expired: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Approximate Number of Fieldworkers:	Approximate Field Size:		
Number of Fieldworkers Interviewed:	Fieldworkers Activity:		
PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

## Early Entry Personal Protective Equipment Worn

## HANDS

- ☐
- Cloth/Leather Gloves
- 
- ☐
- Chemical Resistant Gloves
- 
- ☐
- Other \_\_\_\_\_
- 
- ☐
- None

## EYES

- ☐
- Safety Glasses
- 
- ☐
- Goggles
- 
- ☐
- Faceshield
- 
- ☐
- Eye/Sun Glasses
- 
- ☐
- None

## INHALATION

- ☐
- Dust Mask
- 
- ☐
- 1/2 Face Respirator
- 
- ☐
- Full Face Respirator
- 
- ☐
- SCBA
- 
- ☐
- None

## OTHER

- ☐
- Work Clothes
- 
- ☐
- Chemical Resistant Clothes
- 
- ☐
- Chemical Resistant Boots
- 
- ☐
- Head Covering
- 
- ☐
- Shoes and Socks
- 
- ☐
- Other \_\_\_\_\_

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered # _____	(LC) 1695				Items Specific to Property Operators				
2. Labeling - Personal Protective Equipment	12973				10. Posting Compliance	6776			
3. Hazard Communication A-9	6761				11. Greenhouse Ventilation Criteria	6769			
4. Field Work during Pesticide Application	6762								
5. Field Worker Training	6764								
6. Emergency Medical Care Knowledge	6766								
7. Decontamination Facility	6768								
8. Field Entry after Pesticide Application	6770								
9. Early Entry Requirements	6771				TOTAL	TOTAL			

## COMPLIANCE ACTIONS:

Follow-up Required ☐ YES ☐ NOCease and Desist Order 11897/13102 ☐ YES ☐ NOHazardous Area 6706 ☐ YES ☐ NO

Correct Noncompliances By: \_\_\_\_\_

## DECONTAMINATION FACILITY: (Item 7 or 9)

Decontamination Facility within 1/4 Mile ☐ YES ☐ NOSufficient Water Available ☐ YES ☐ NOSufficient Soap Available ☐ YES ☐ NOSufficient Single Use Towels or Clean Towels (6771) ☐ YES ☐ NOEyewash, 1 Pint each (Early Entry) (6771) ☐ YES ☐ NO ☐ N/A

## VIOLATION NOTICE # \_\_\_\_\_

☐ YES☐ NO

Remarks: Include a detailed description of noncompliances.

INSPECTOR Print Name _____	Signature _____	TIME AND DATE INSPECTED _____
INSPECTION ACKNOWLEDGED BY Print Name _____	Signature _____	DATE ACKNOWLEDGED _____

Distribution: White - County

Canary - DPR

Pink - Inspector

Goldenrod - Firm/Person Inspected